

Fig. 1

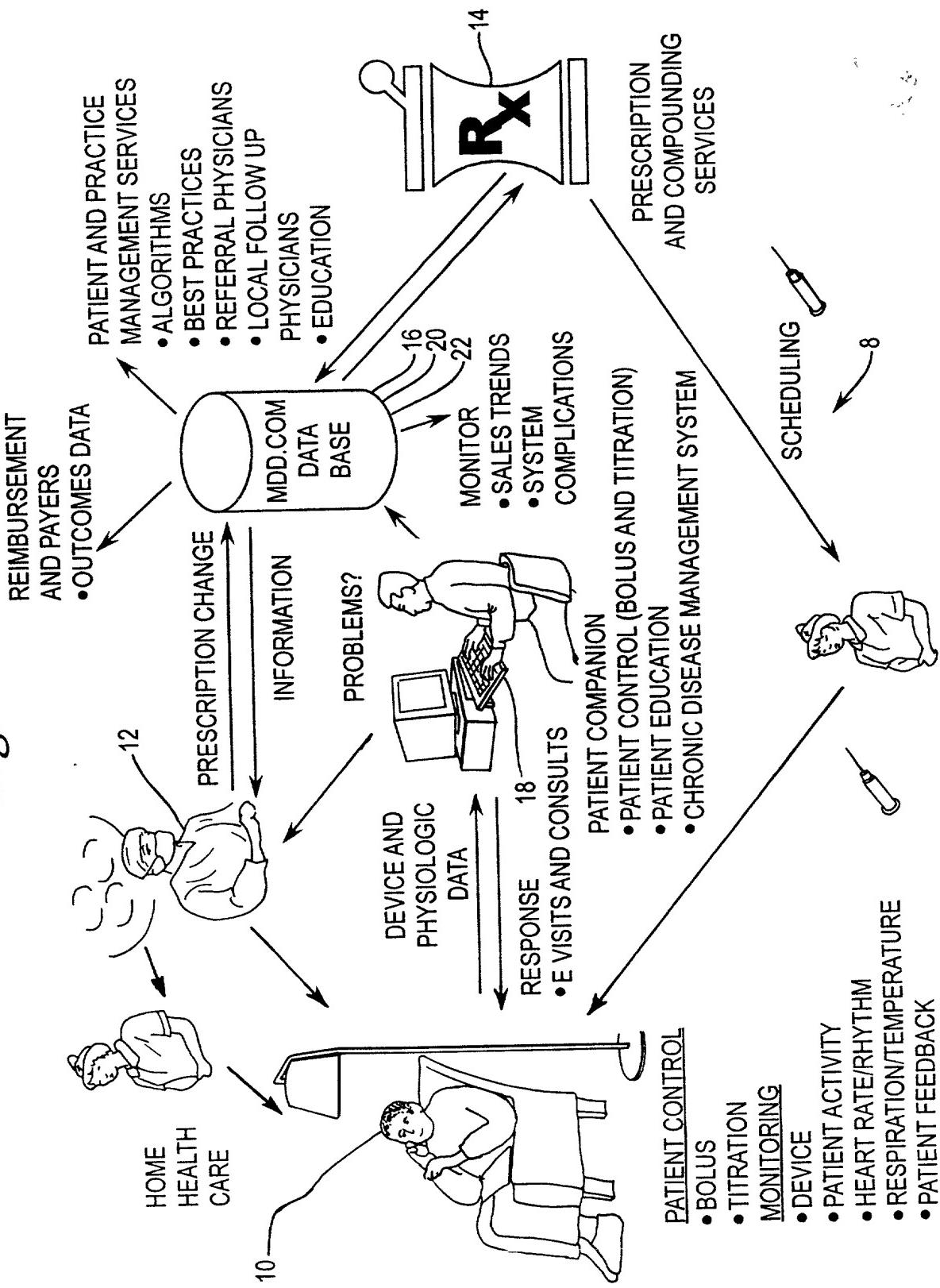


Fig. 2

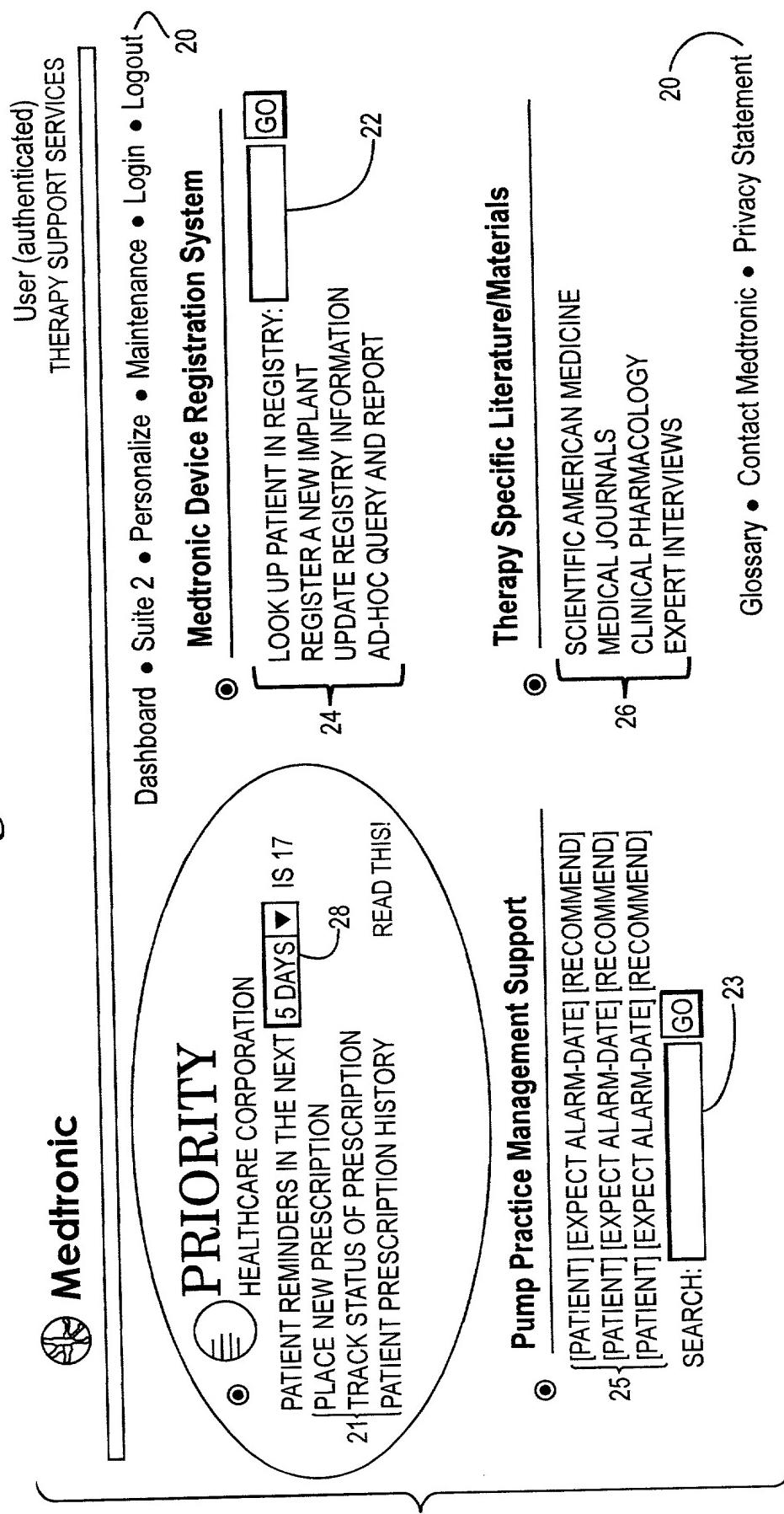


Fig. 3

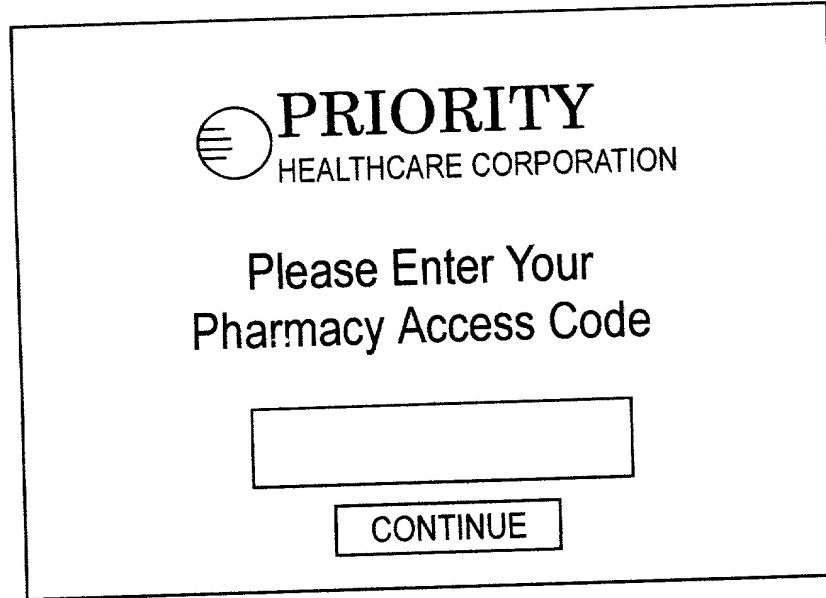


Fig. 4

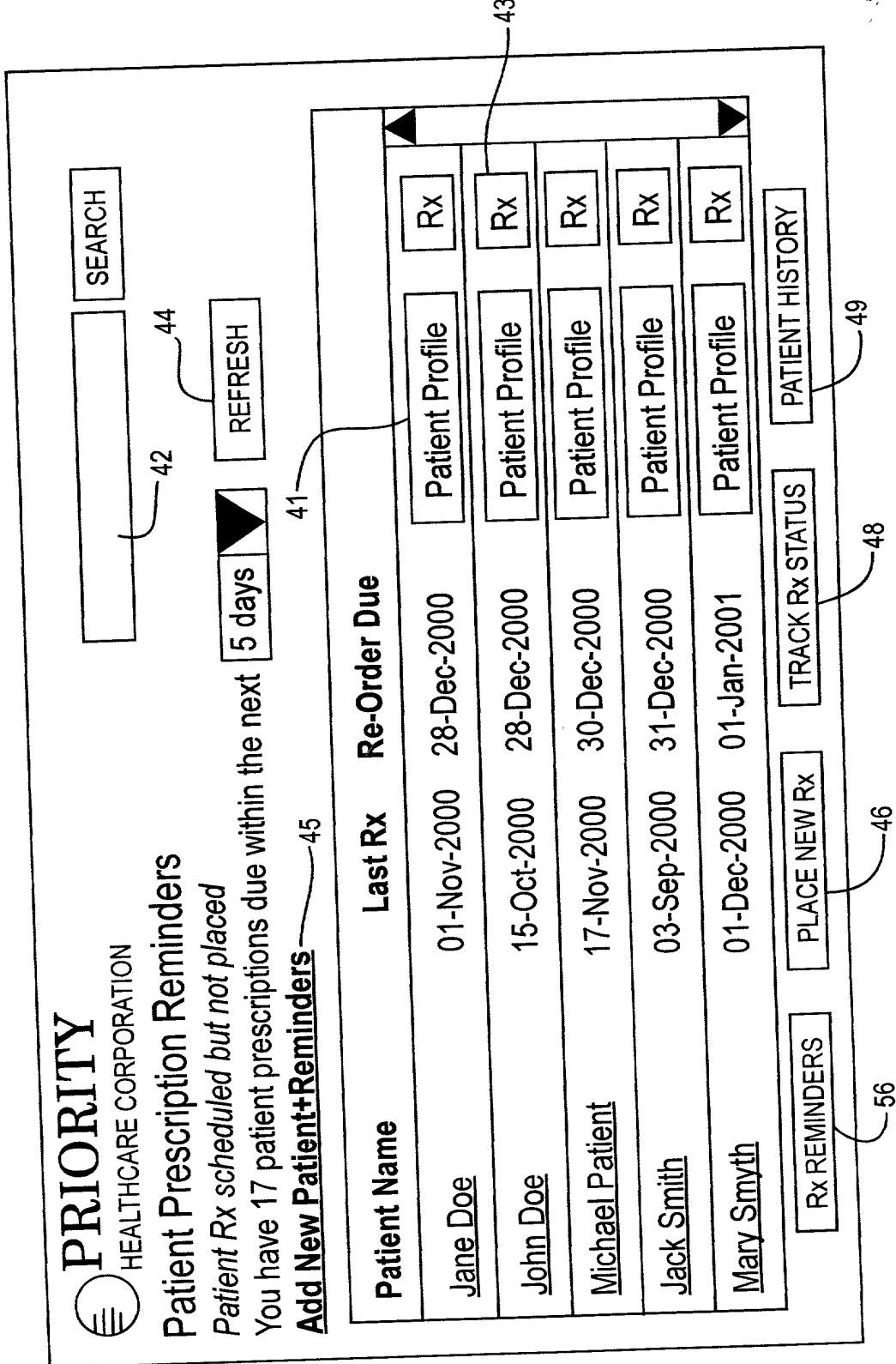


Fig. 5

PRIORITY HEALTHCARE CORPORATION	
Add Patient Prescription Reminder	
Select Patient:	<input type="text" value="52"/> SEARCH <input type="text" value=" (Last-name, First-name)"/>
Patient Name	Last Rx
John Doe	28-Dec-2000
	Next Rx
	<input type="button" value="View/Edit"/>
	<input type="button" value="Patient Profile"/>
	41
	54
<input type="button" value="RX REMINDERS"/>	<input type="button" value="PLACE NEW RX"/>
	<input type="button" value="TRACK RX STATUS"/>
	<input type="button" value="PATIENT HISTORY"/>
	46
	48
	49
	56

Fig. 6

<p>PRIORITY HEALTHCARE CORPORATION</p>	<p>Confirm Patient Prescription Reminder</p>												
<p>Reminder has been scheduled. Click <u>Submit</u> to continue or <u>Calendar</u> to change.</p>													
<table border="1"><tr><td>Patient Name</td><td>Last Rx</td><td>Next Rx</td><td>Change</td></tr><tr><td>John Doe</td><td>28-Dec-2000</td><td>30-Jan-2001</td><td><input type="button" value="Calendar"/></td></tr><tr><td colspan="4"><input type="button" value="Submit"/></td></tr></table>		Patient Name	Last Rx	Next Rx	Change	John Doe	28-Dec-2000	30-Jan-2001	<input type="button" value="Calendar"/>	<input type="button" value="Submit"/>			
Patient Name	Last Rx	Next Rx	Change										
John Doe	28-Dec-2000	30-Jan-2001	<input type="button" value="Calendar"/>										
<input type="button" value="Submit"/>													
<input type="button" value="RX REMINDERS"/>	<input type="button" value="PLACE NEW RX"/>	<input type="button" value="TRACK RX STATUS"/>	<input type="button" value="PATIENT HISTORY"/>										

Annotations:

- Handwritten number 62 is next to the "Submit" button.
- Handwritten numbers 54 and 62 are next to the "Change" button.
- Handwritten number 56 is next to the "RX REMINDERS" button.
- Handwritten number 46 is next to the "PLACE NEW RX" button.
- Handwritten number 48 is next to the "TRACK RX STATUS" button.
- Handwritten number 49 is next to the "PATIENT HISTORY" button.

Fig. 7

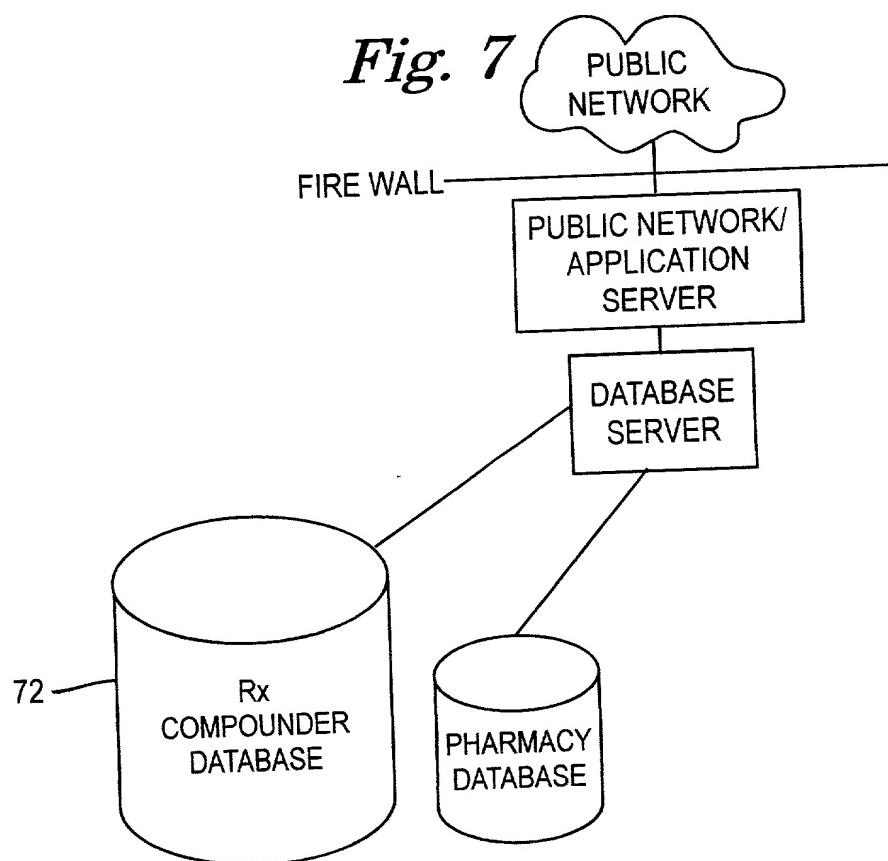


Fig. 8

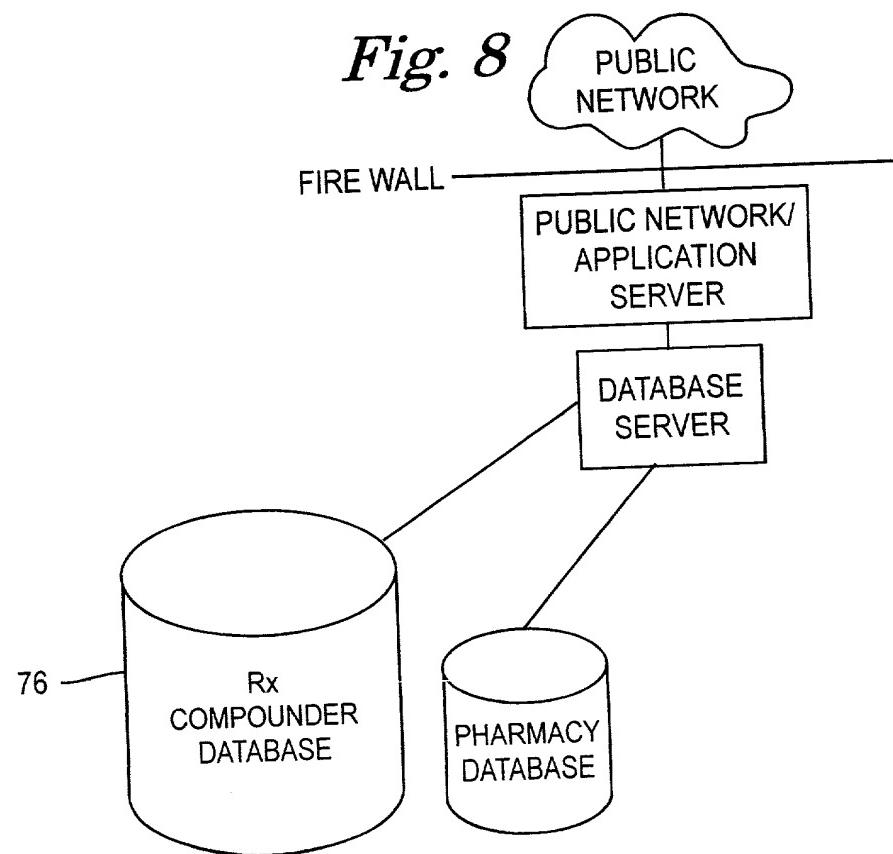


Fig. 9

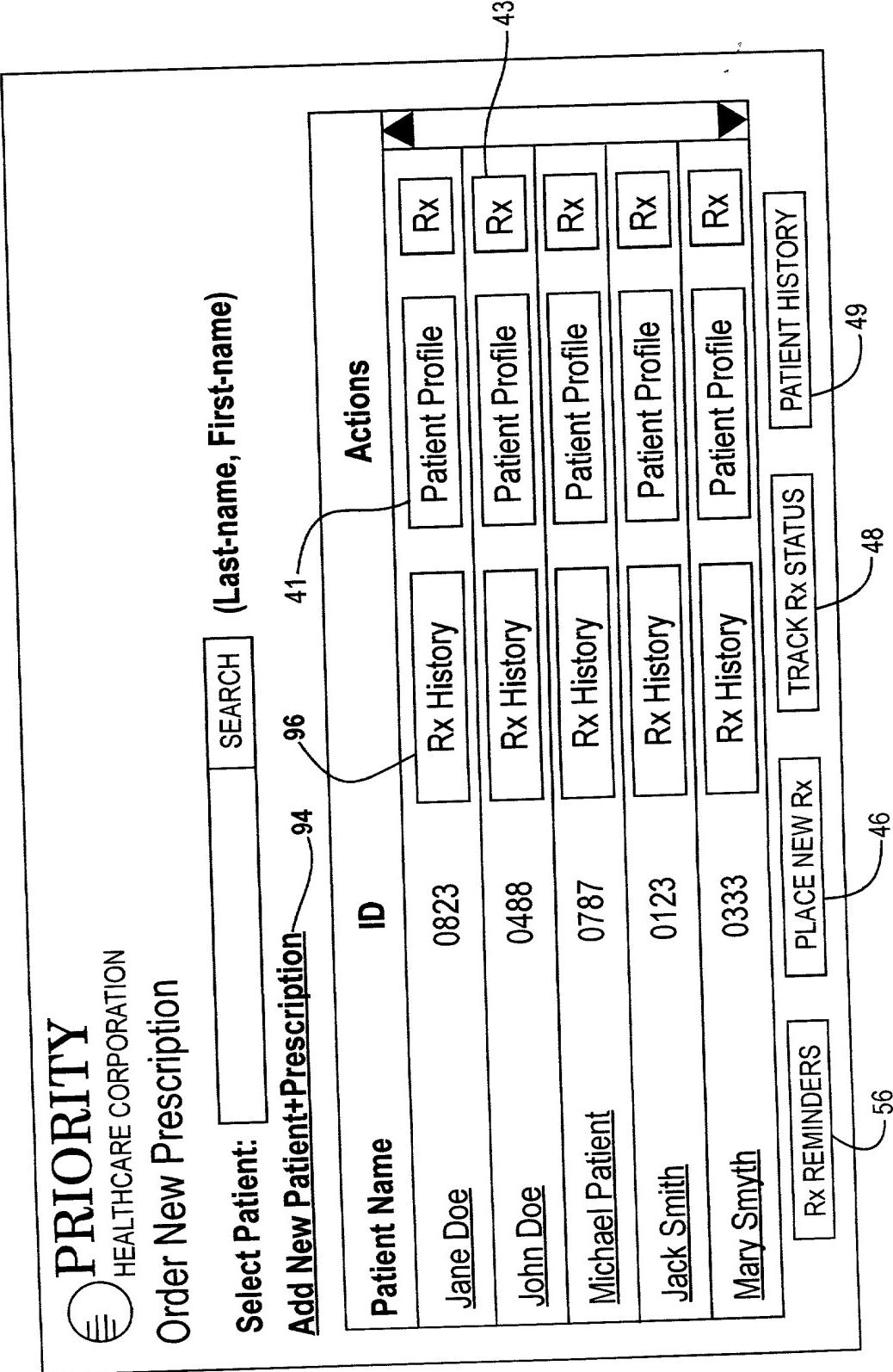


Fig. 10

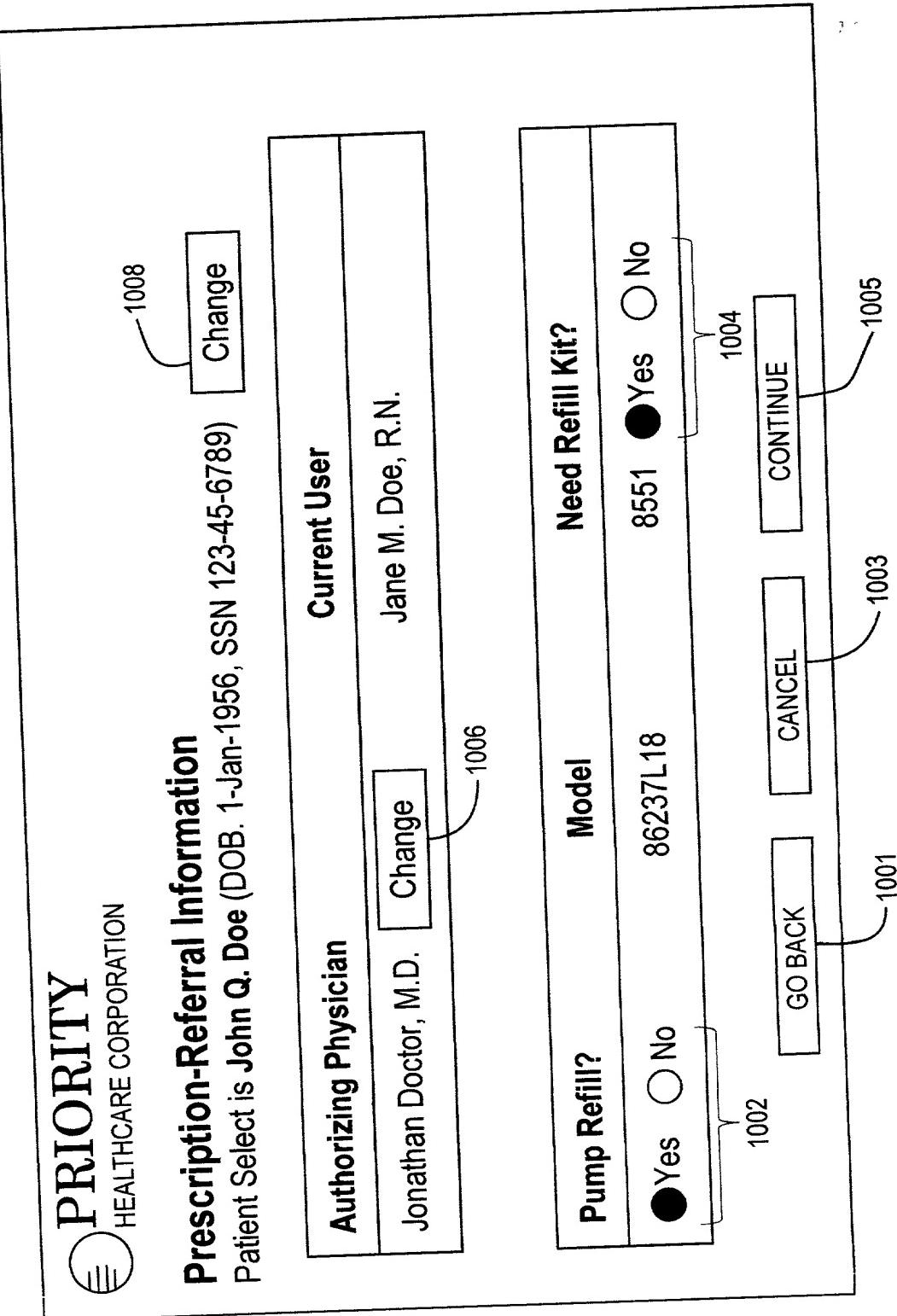


Fig. 11

Primary Diagnosis	ICD9 Code	Actions
Neuropathic back pain, L2 area injury	XYZ	<input type="button" value="Update"/> 1102
Allergies		<input type="button" value="Update"/>
Sensitive to Thimerisol based preservatives		
Height	Weight	Notes
170 cm.	137 lbs.	None <input type="button" value="Update"/>
<input type="button" value="GO BACK"/> <input type="button" value="CANCEL"/> <input type="button" value="CONTINUE"/>		1005
		1001
		1003
<input type="button" value="Change"/>		1003

PRIORITY
HEALTHCARE CORPORATION

Prescription-Referral Information
Patient Select is John Q. Doe (DOB: 1-Jan-1956, SSN 123-45-6789)

Fig. 12

1202 →

PRIORITy
HEALTHCARE CORPORATION

Prescription-Referral Information
Patient Select is John Q. Doe (DOB: 1-Jan-1956, SSN 123-45-6789)

Help for: **Method 1** **Method 2** **Method 3**

REFILL INTERVAL IN DAYS (1-180) FILL VOLUME IN ML (0.1-18.0)

DRUG NAME	CONCENTRATION (0-1000.0)	DAILY DOSE (0-1000.0)
DRUG 1	<input type="text"/> uL ► /ml	<input type="text"/> uL
DRUG 2	<input type="text"/> uL ► /ml	<input type="text"/> uL
DRUG 3	<input type="text"/> uL ► /ml	<input type="text"/> uL
DRUG 4	<input type="text"/> uL ► /ml	<input type="text"/> uL

CALCULATE CONCENTRATION(S) CALCULATE DAILY DOSE(S) CALCULATE REFILL INTERVAL

GO BACK CANCEL CONTINUE

1001 → 1003 → 1005

Switch to Manual Rx

Fig. 13

<p>PRIORITY HEALTHCARE CORPORATION</p> <p>Prescription-Referral Information</p> <p>Patient Select is John Q. Doe (DOB: 1-Jan-1956, SSN 123-45-6789)</p>		
Medication	Concentration (mg or mcg/ml)	Daily Dose (mg or mcg/day)
1. Infumorph	25 mg/ml	1.5 ul/day
2.	_____	_____
3.	_____	_____
4.	_____	_____
Syringe volume (typically 10 or 20 ml): <input type="text" value="20 ml"/>		
Fixed delivery rate or current programmed rate: <input type="text" value="20 ml/day"/>		
<p><input type="button" value="GO BACK"/> <input type="button" value="CANCEL"/> <input type="button" value="CONTINUE"/></p> <p>1302 → Switch to Manual Rx → 1306 → 1304 → 1005 → 1003 → 1001</p>		

Fig. 14

PRIORITY HEALTHCARE CORPORATION	
Prescription-Referral Information	
Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)	
Bill To:	
<input checked="" type="radio"/> Insurance/3rd Party <input type="radio"/> Doctor <input type="radio"/> Patient <input type="radio"/> Other: <input type="checkbox"/> Specify	
Ship To Location:	
<input type="radio"/> Doctor's Office <input checked="" type="radio"/> Hospital Pharmacy <input type="radio"/> Clinic <input type="checkbox"/> Other/Edit	
Delivery Date: <input type="text" value="04-Jan-2001 (next day)"/>	
Next Refill Date: <input type="text" value="14-Feb-2001 (calculated)"/>	
<input type="button" value="GO BACK"/> <input type="button" value="CANCEL"/> <input type="button" value="CONTINUE"/>	

1401 → Specify
1402 → Insurance/3rd Party
1403 → Doctor
1404 →
1405 →
1406 →
1407 →
1001 → Doctor
1003 → Hospital Pharmacy
1005 → Clinic

Fig. 15

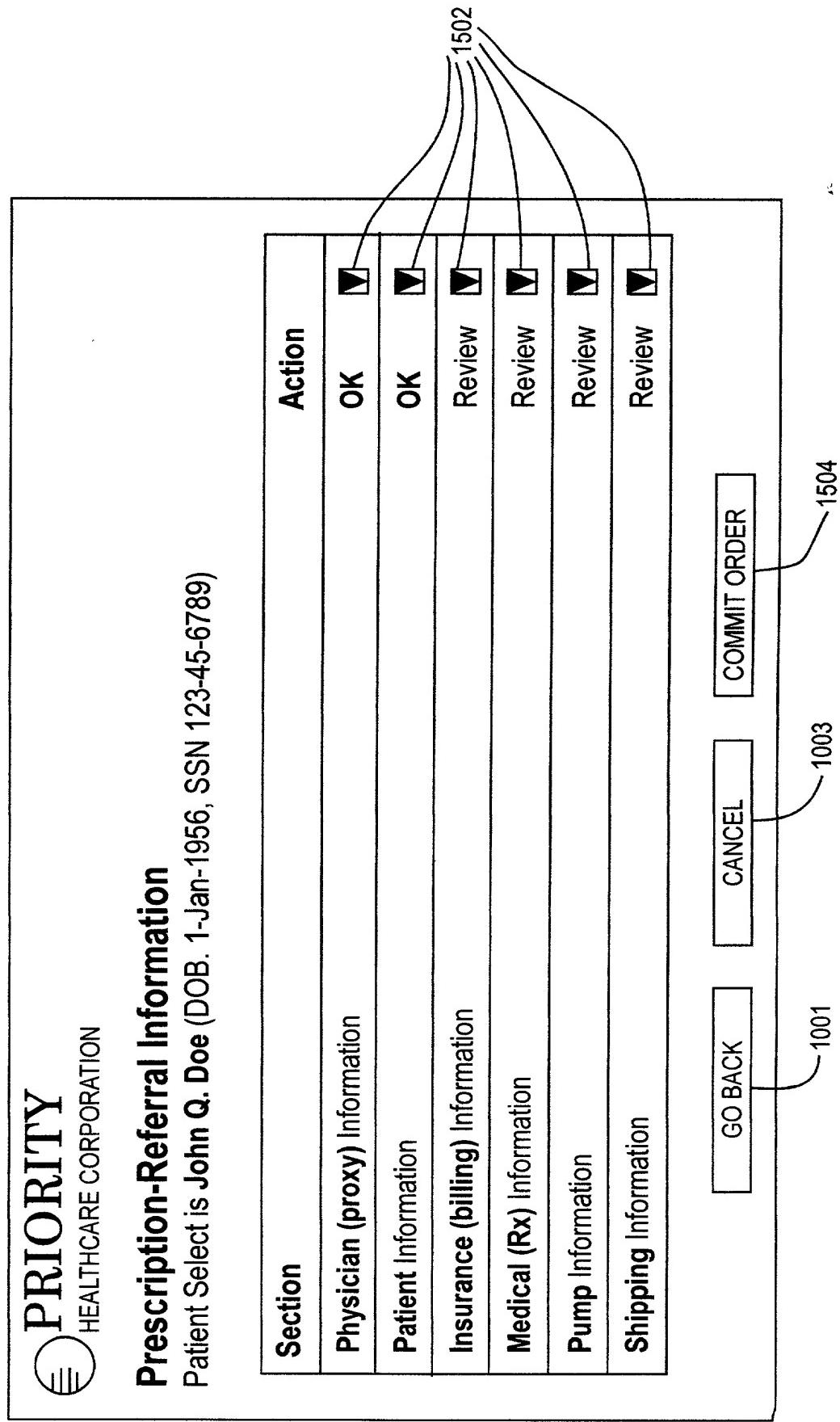


Fig. 16

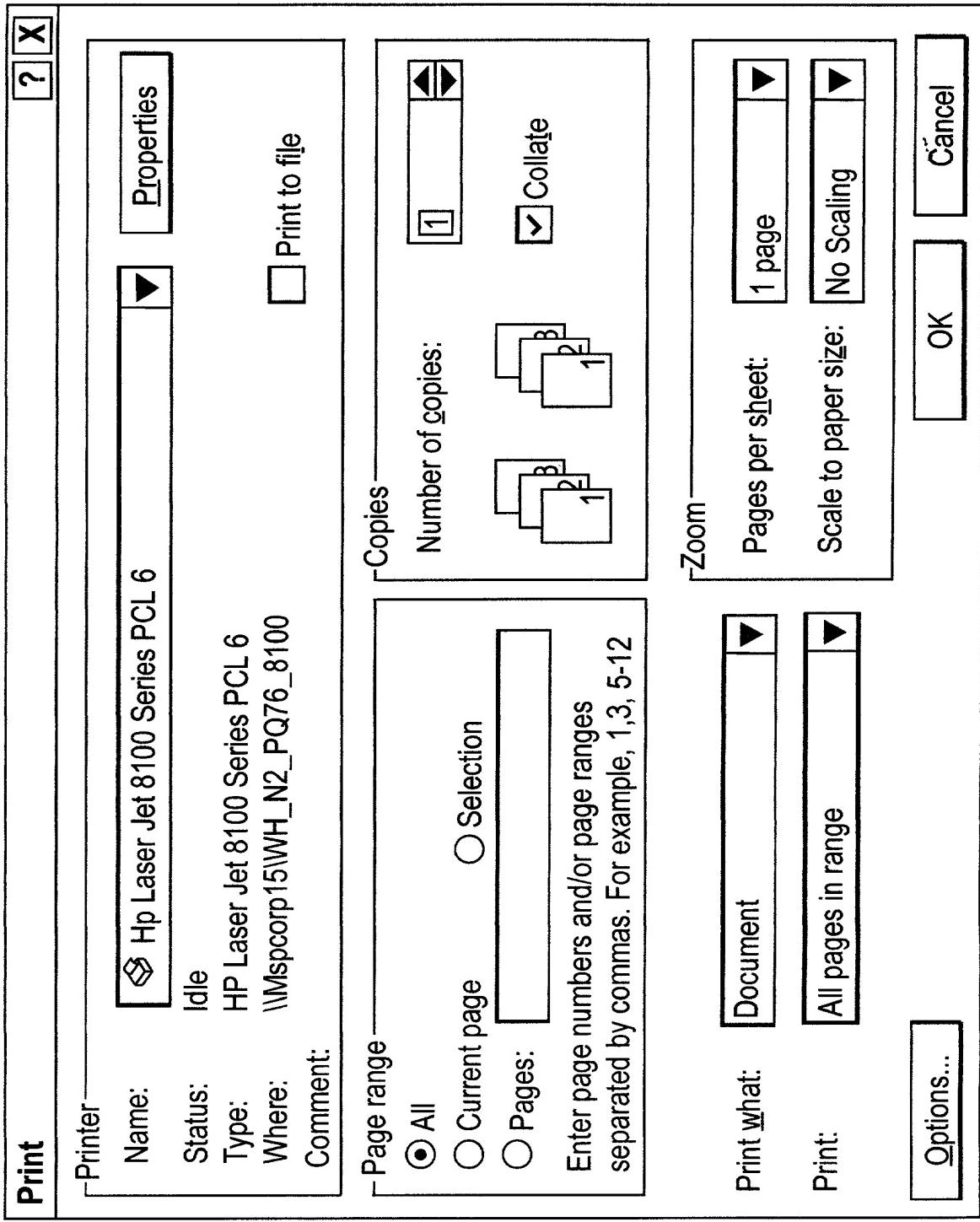


Fig. 17

Fig. 18

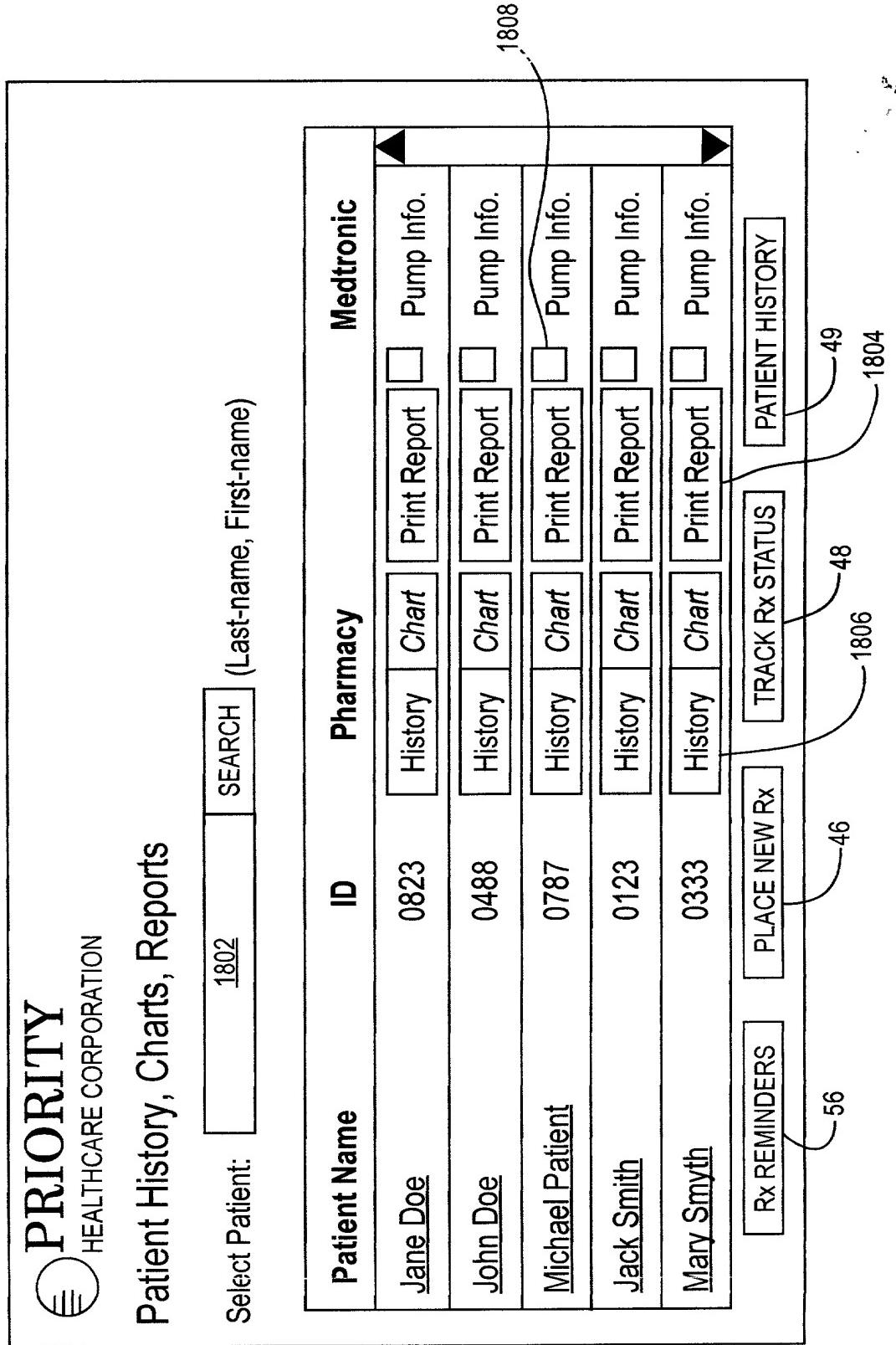


Fig. 19

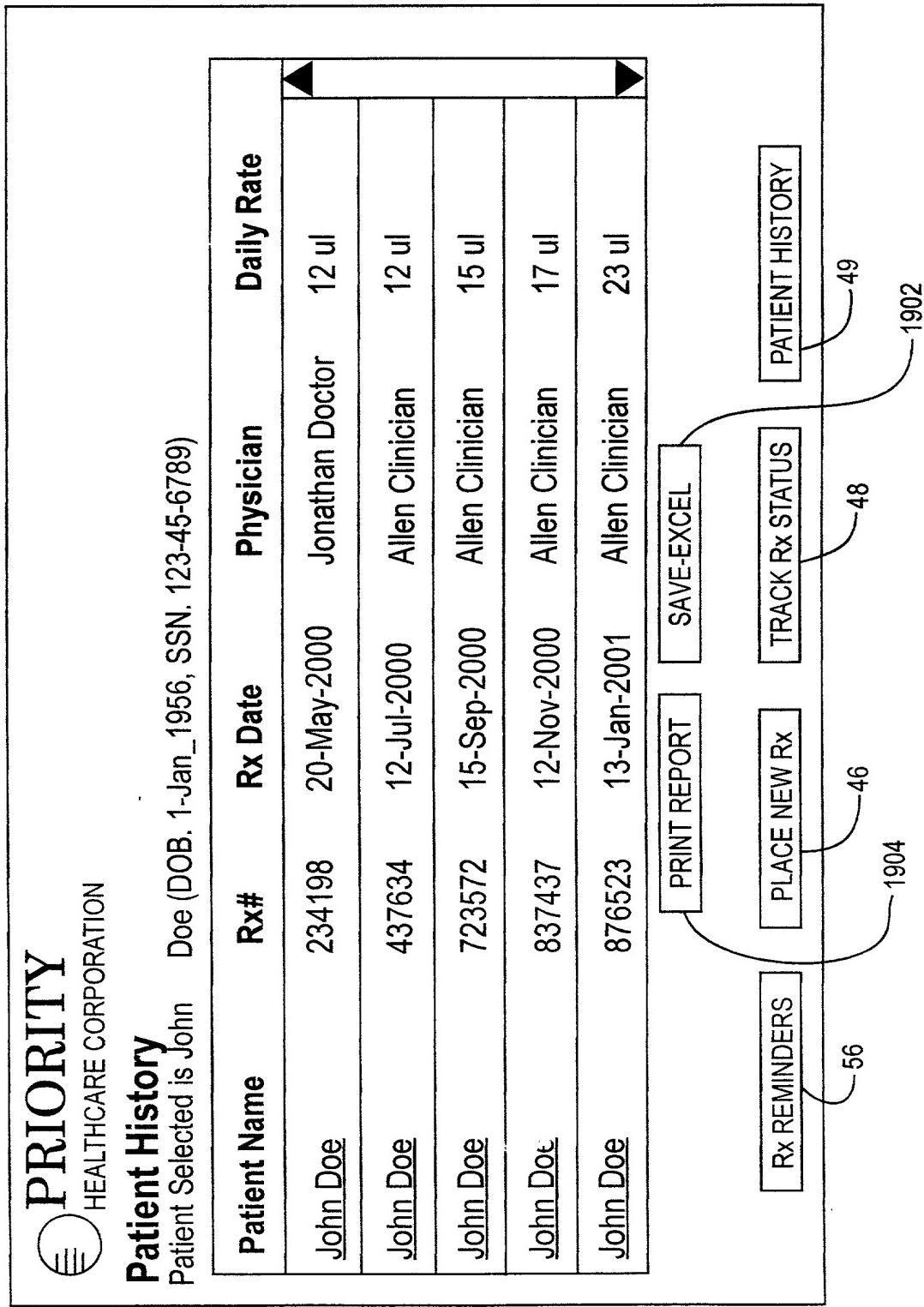


Fig. 20

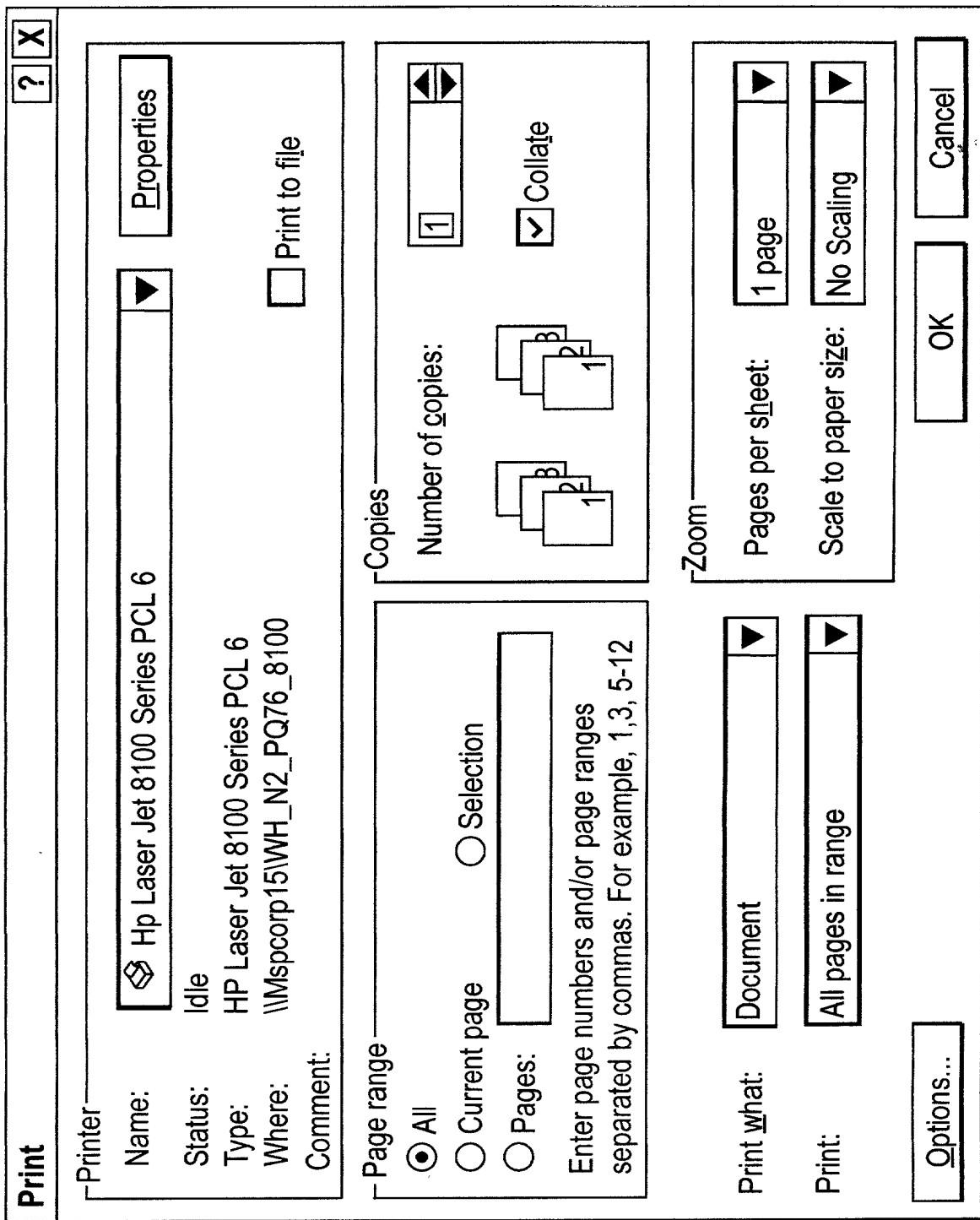


Fig. 21

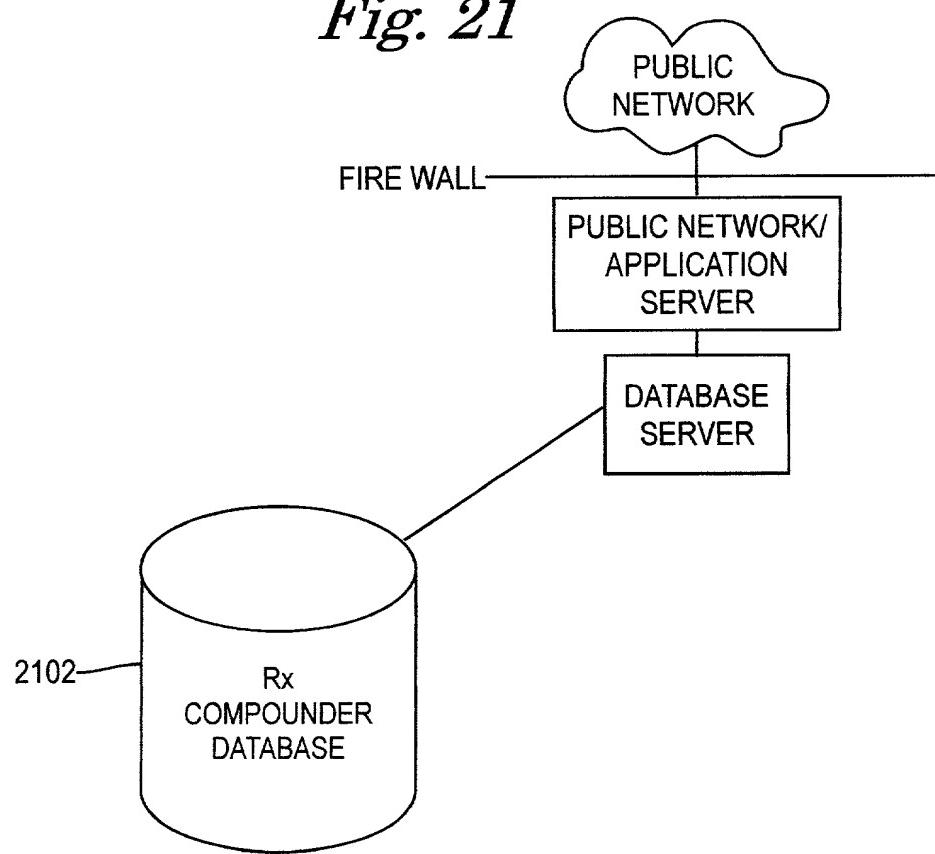


Fig. 22

PRIORITY HEALTHCARE CORPORATION	
Patient Registration (Part 1 of 4)	
<i>Create new patient profile</i>	
Patient Name: <input type="text"/>	ID: New
Street Address: <input type="text"/> (** back-filled from DRS when available)	
City: <input type="text"/> (***)	
Street Address: <input type="text"/> (***)	
State: <input type="text"/> (***)	Zip Code: <input type="text"/> (***)
Daytime Phone: <input type="text"/> AAA-PPP-NNNN	Evening Phone: <input type="text"/> AAA-PPP-NNNN
* Date of Birth: <input type="text"/> DD-MMM-YYYY	* Social Security No: <input type="text"/> NNN-NN-NNNN
GO BACK <input type="button"/>	CANCEL <input type="button"/>
CONTINUE <input type="button"/>	

1001 → 1003 → 1005

Fig. 23

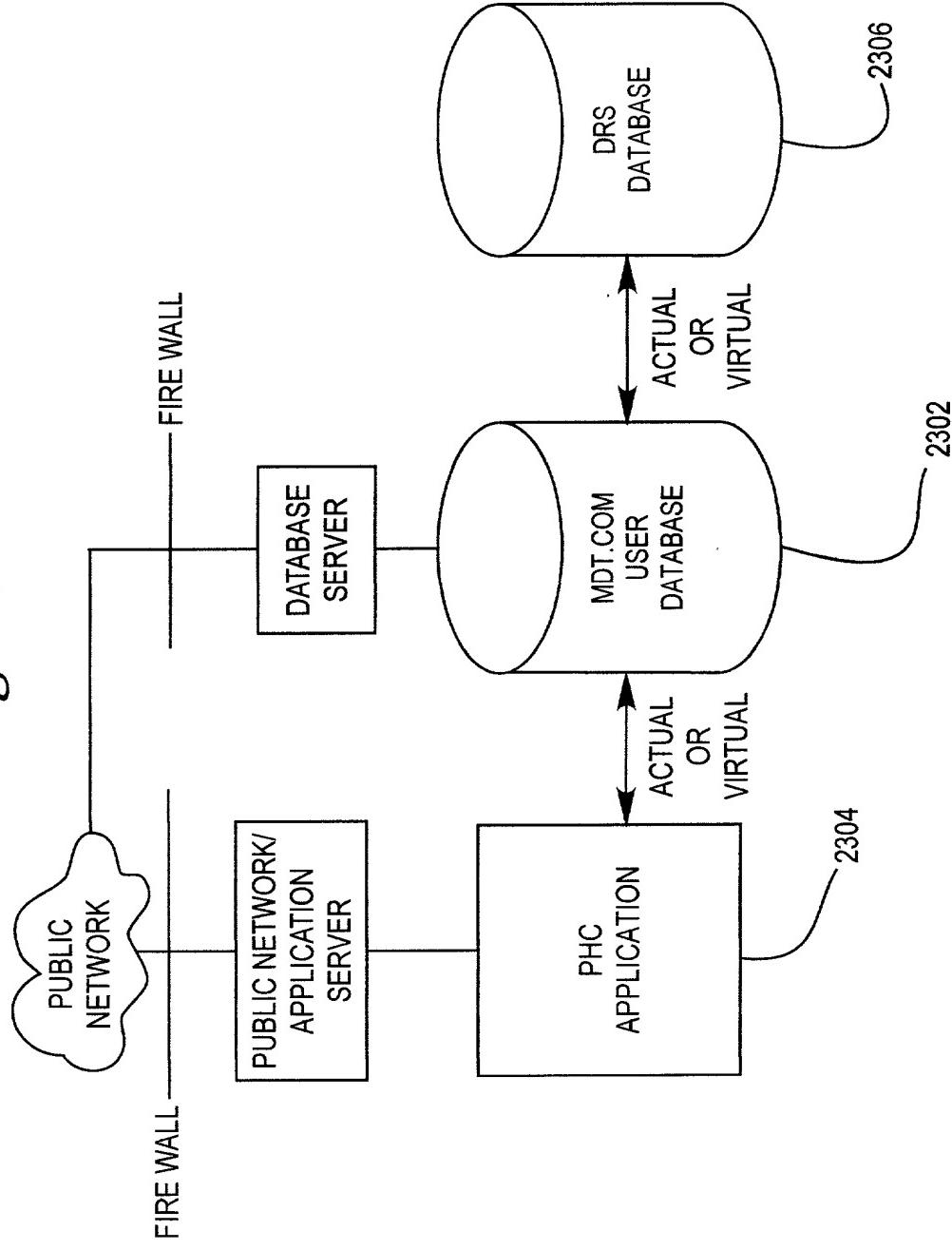


Fig. 24

PRIORITY HEALTHCARE CORPORATION	
Patient Registration (Part 2 of 4)	
<i>Patient emergency contact and medical information</i>	
Patient Name:	New A. Patient
Emergency Contact:	<input type="text"/>
Relationship:	<input type="text"/> Phone: <input type="text"/>
Allergies:	<input type="text"/>
Height:	<input type="text"/> cm Weight: <input type="text"/>
Primary Diagnosis:	<input type="text"/> (pre-filled from DRS when available)
ICD9 Code:	<input type="text"/> Notes: <input type="text"/>
GO BACK <input type="button"/> CANCEL <input type="button"/> CONTINUE <input type="button"/>	
1001 1003 1005	

Fig. 25

PRIORITY HEALTHCARE CORPORATION	
Patient Registration (Part 3 of 4)	
Patient Insurance Information	
<input checked="" type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary	
Patient Name: New A. Patient ID: 523	
Insured Name:	
Relationship:	DOB: _____
Insured SSN:	
Insurance Company:	
Insurance Phone:	Policy No: _____
Group Number:	Notes: _____
<input type="button" value="GO BACK"/>	
<input type="button" value="CANCEL"/>	
<input type="button" value="CONTINUE"/>	
1001	
1003	
1005	

Fig. 26

PRIORITY													
HEALTHCARE CORPORATION													
Patient Registration (Part 4 of 4) Patient Medical Devices - Drug Pump													
<table border="1"> <tr> <td colspan="2">Patient Name: New A. Patient</td> </tr> <tr> <td>Infusion Pump:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Brand:</td> <td><input type="text"/></td> </tr> <tr> <td>Implant Date:</td> <td><input type="text"/> (***)</td> </tr> <tr> <td colspan="2">Notes:</td> </tr> <tr> <td colspan="2"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>		Patient Name: New A. Patient		Infusion Pump:	<input type="radio"/> Yes <input type="radio"/> No	Brand:	<input type="text"/>	Implant Date:	<input type="text"/> (***)	Notes:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Patient Name: New A. Patient													
Infusion Pump:	<input type="radio"/> Yes <input type="radio"/> No												
Brand:	<input type="text"/>												
Implant Date:	<input type="text"/> (***)												
Notes:													
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
<table border="1"> <tr> <td>ID: 523</td> </tr> <tr> <td>Manufacturer: <input type="text"/> (***)</td> </tr> <tr> <td>Model No: <input type="text"/> (***)</td> </tr> <tr> <td>Reservoir Volume: <input type="text"/> (parsed) ml</td> </tr> </table>		ID: 523	Manufacturer: <input type="text"/> (***)	Model No: <input type="text"/> (***)	Reservoir Volume: <input type="text"/> (parsed) ml								
ID: 523													
Manufacturer: <input type="text"/> (***)													
Model No: <input type="text"/> (***)													
Reservoir Volume: <input type="text"/> (parsed) ml													
<table border="1"> <tr> <td><input type="text"/> GO BACK</td> <td><input type="text"/> CANCEL</td> <td><input type="text"/> CONTINUE</td> </tr> <tr> <td colspan="2"></td> <td><input type="text"/> 1003</td> </tr> <tr> <td colspan="3"></td> <td><input type="text"/> 1005</td> </tr> </table>		<input type="text"/> GO BACK	<input type="text"/> CANCEL	<input type="text"/> CONTINUE			<input type="text"/> 1003				<input type="text"/> 1005		
<input type="text"/> GO BACK	<input type="text"/> CANCEL	<input type="text"/> CONTINUE											
		<input type="text"/> 1003											
			<input type="text"/> 1005										

Fig. 27

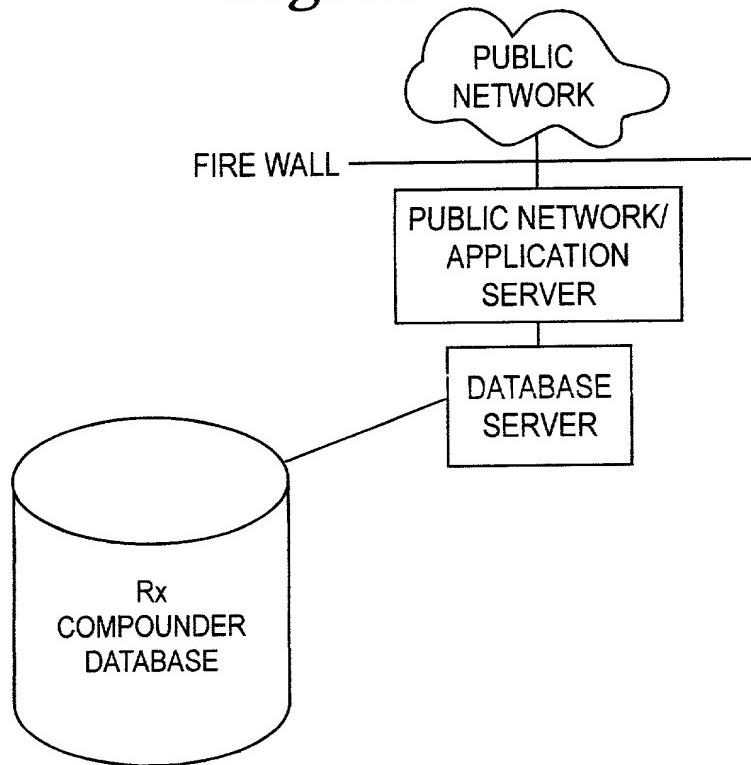


Fig. 28

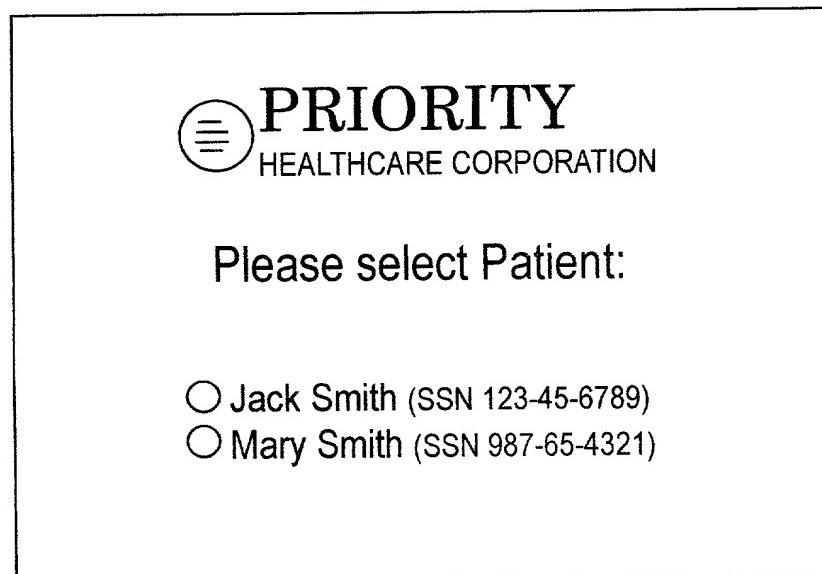


Fig. 29

NETSCAPE

FILE EDIT VIEW GO COMMUNICATION HELP

Multiple Drug Calculation System

THE INFORMATION CAN BE CALCULATED USING THREE METHODS.

METHOD 1: ENTER THE DESIRED REFILL INTERVAL, FILL VOLUME, DRUG CONCENTRATION UNITS AND DAILY DOSE(S). THEN SELECT [CALCULATE CONCENTRATION].

METHOD 2: ENTER THE DESIRED REFILL INTERVAL, FILL VOLUME, DRUG CONCENTRATION UNITS AND CONCENTRATION(S). THEN SELECT [CALCULATE DAILY DOSE].

METHOD 3: ENTER THE DESIRED FILL VOLUME. THEN FOR THE DRUG 1 SELECT THE DRUG CONCENTRATION UNITS, CONCENTRATION AND DAILY DOSE. NEXT, SELECT [CALCULATE REFILL INTERVAL].

REFILL INTERVAL IN DAYS (1-180) FILL VOLUME IN ML (0.1-18.0)

DRUG NAME	CONCENTRATION (0-1000.0)	DAILY DOSE (0-1000.0)
DRUG 1	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml
DRUG 2	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml
DRUG 3	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml
DRUG 4	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml	<input type="text"/> <input type="button" value="▼"/> <input type="text"/> /ml

Fig. 30

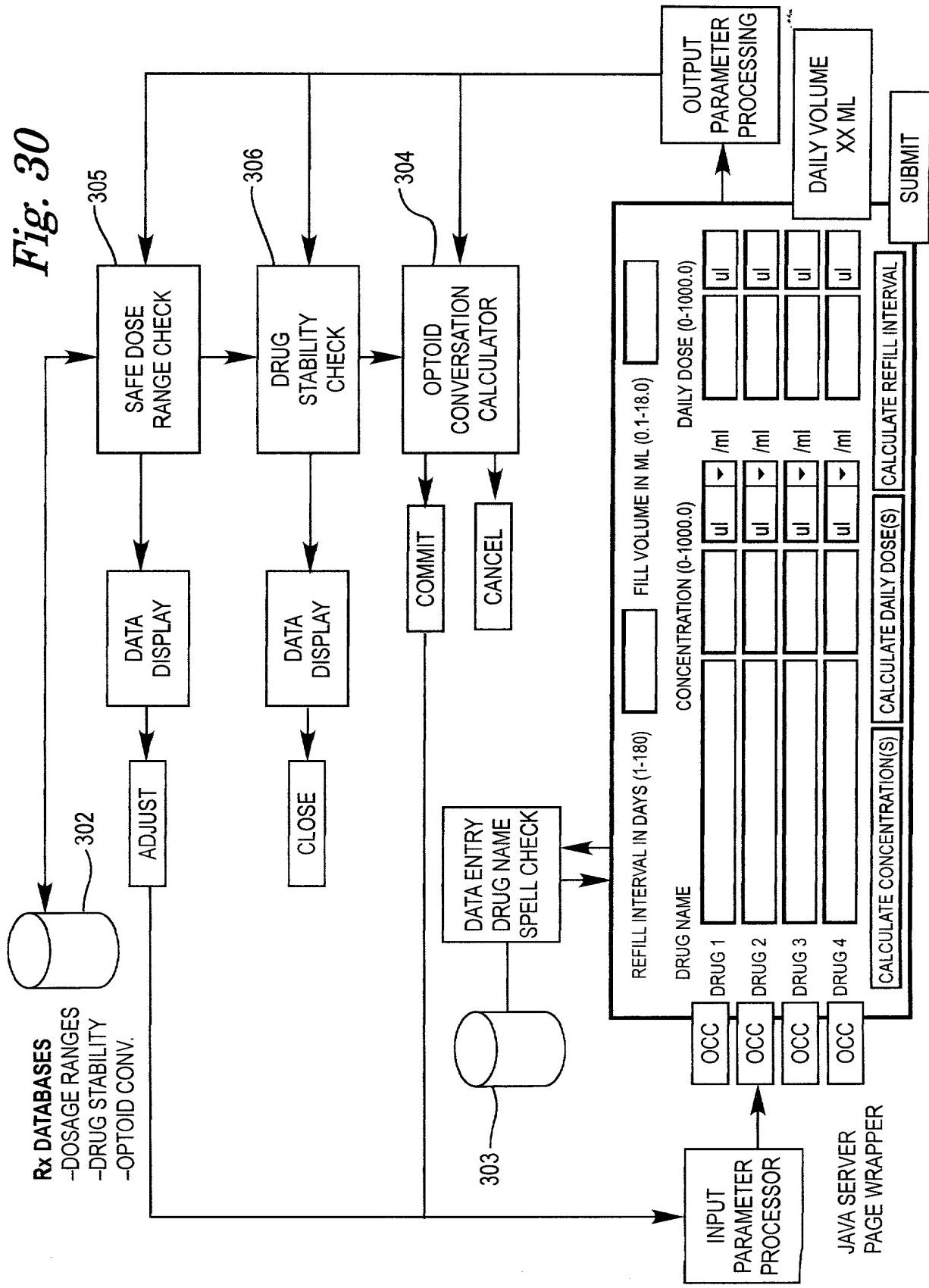


Fig. 31

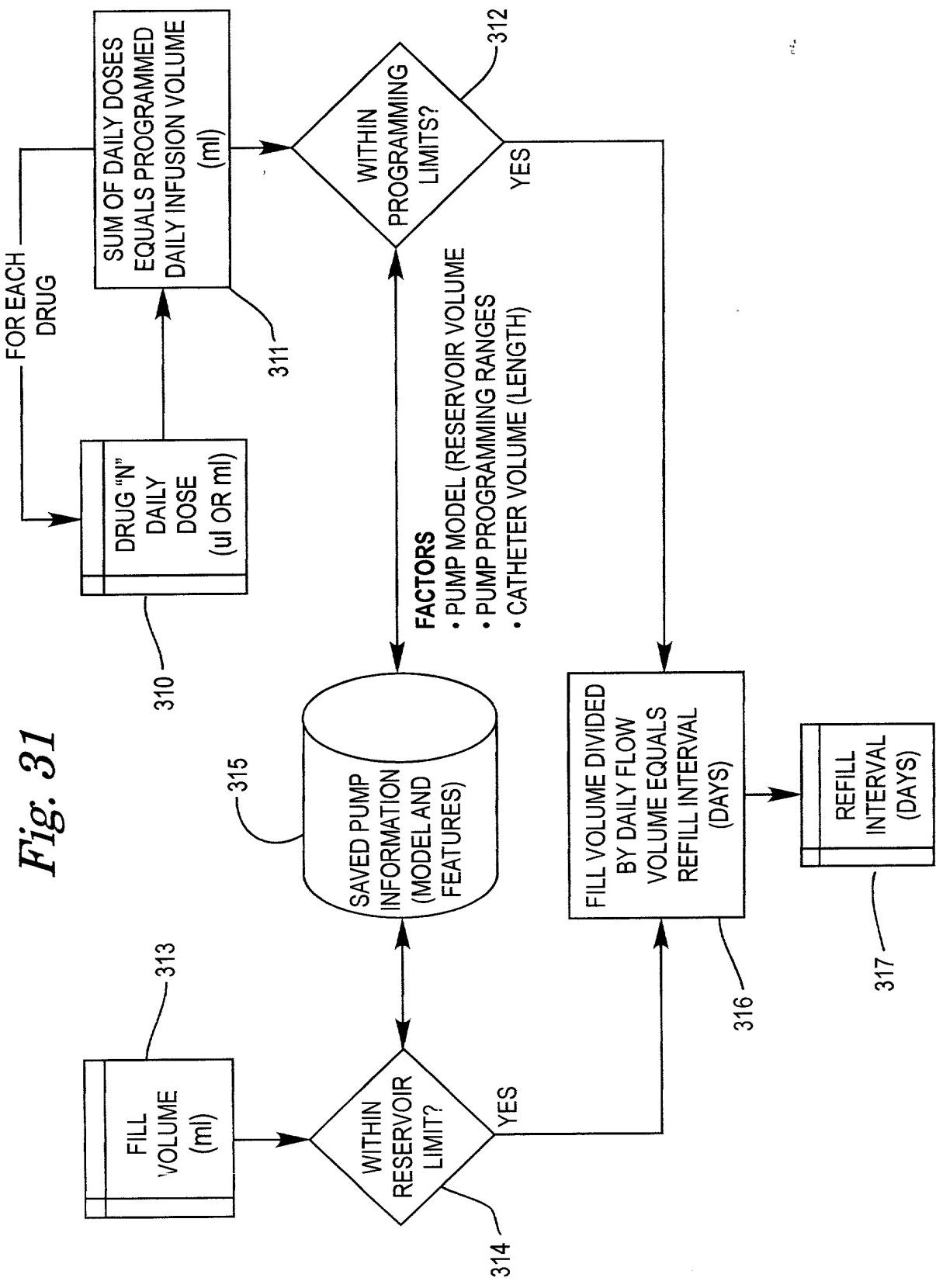


Fig. 32

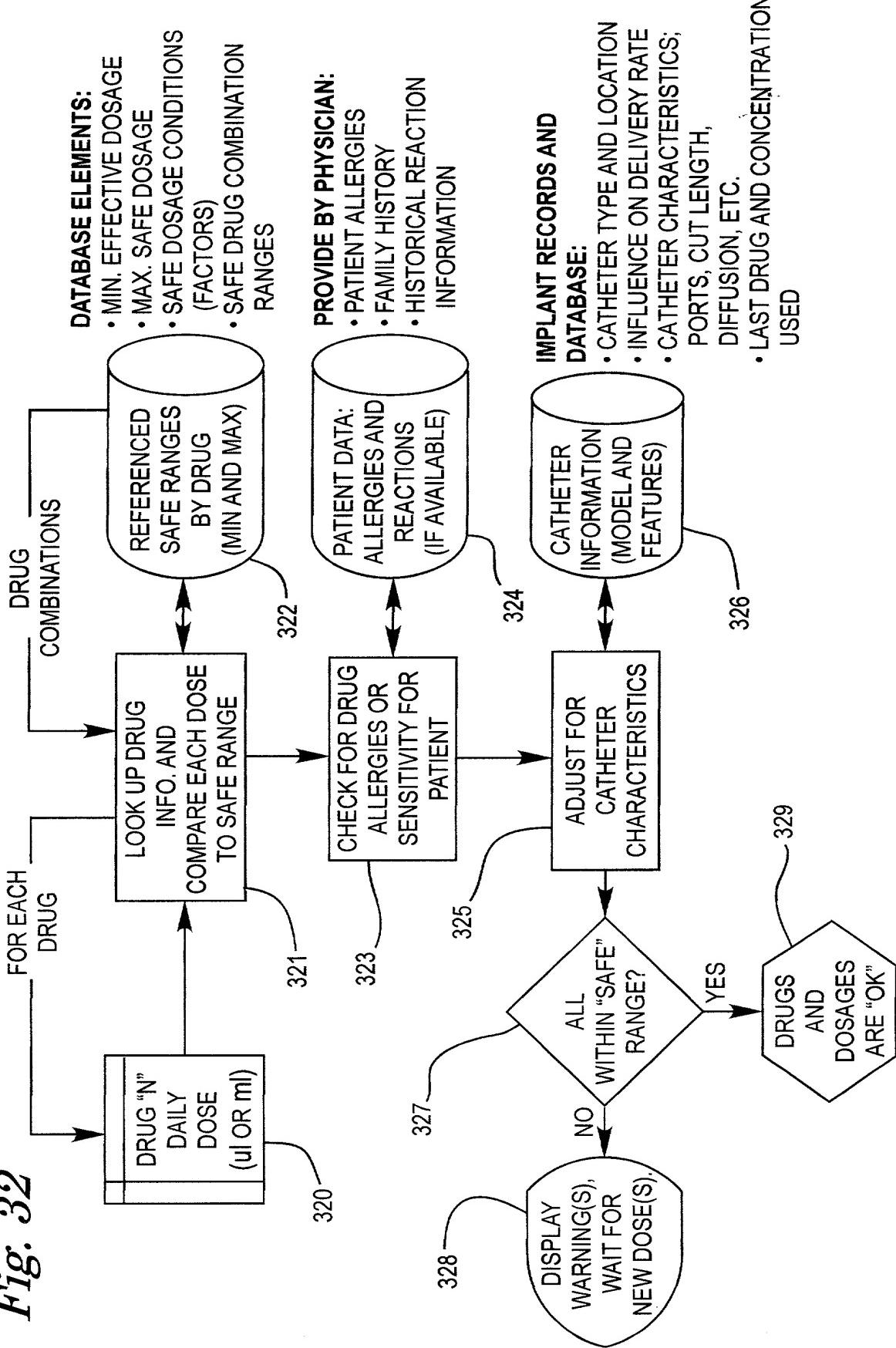


Fig. 33

